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CONFIRMATION NO. 7196

<b>SERIAL NUMBER</b> 10/748,811	<b>FILING OR 371(c) DATE</b> 12/30/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 51640/AW/W112
<b>APPLICANTS</b> Kristine B. Fuimaono, Covina, CA; Irma Hill, LaVerne, CA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/692,494 10/19/2000 PAT 6,905,495 which is a CIP of 09/370,601 08/10/1999 PAT 6,852,120 <i>LAB</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>None LAB</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/29/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 27
Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 23363				
<b>TITLE</b> Irrigation probe for ablation during open heart surgery				
<b>FILING FEE RECEIVED</b> 896	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	